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ON THE OPERATION FOR HARE LIP.

BY A. L. FEIRSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FEW operations afford more satisfaction, when successfully performed, than that for the closure of hare lip. The personal defect is almost entirely removed, and without the long and anxious delay which belongs to some other surgical cases. The operation has been long known. It is well described by Celsus. It might therefore be thought that the principal rules of practice had been long settled. I propose to examine several of these, to ascertain how much is really established on good authority, and shall venture to give my own opinion on some of these points, founded on a considerable number of operations performed at different ages.

There is no question but the operation is an indispensable one, but at what age is it best to be performed? Every consideration is in favor of its being performed in infancy, except one; namely, the danger which attends it at this period, and which adds something to the chances of mortality, always greatest at the earliest period of existence. It is impossible to estimate exactly the degree of this danger, but it is certainly very small. There are three fatal cases mentioned in Tyrrell's notes of Sir Astley Cooper's lectures, but we are not informed of the proportion of these to the whole number of his cases, nor of their ages except in one instance, nor of any accompanying circumstances. It will be generally admitted that the period of dentition is a bad one. A case in proof of the danger during this period is given in the lectures just alluded to. Sir Astley's practical conclusion derived from his experience is summed up in the following words, although the facts on which this conclusion rests are nowhere given to the public. "That prior to six months there is danger of a want of union and even of loss of life; that from six months to two years, during the period of dentition, the operation should not be performed; that after dentition is completed there is little risk of failure, either as regards the union of the lip or the life of the child." vol. 2d, p. 296. Whatever reasoning there may be on this subject, it must be admitted to be the settled practice of modern surgeons to perform the operation during infancy. The late Mr. Abernethy has always been mentioned as an eccentric man, and his lectures, surreptitiously published, certainly confirm this character. Nevertheless his opin-

ion and practice as regards the point in question would be very high authority. It is difficult to learn what it was. He says "that it should be performed when it can be accomplished most effectually; and when is that? Oh! there is no doubt that when persons have arrived at years of discretion and reason they will submit to all the control that is necessary. But we do it upon young children just when they are born, but wherefore? Not on account of the child, but on account of the mother—the mother is horrified. Well, then, as they are sleeping so much of their time, and so on, as they are scarcely said to be alive yet, oh! you may pare off the edges and join them together; but if you do not make a very good job of it, it cannot be helped—there is no blame to be attached to you. But I would advise you never to do it when a child has got to a certain age so as to have a will of its own, for it will then scream and cry and tear open the wound as fast as you close it. I have resolutely set my face against performing it at that period of life . . . . . between their second and third year, or upwards, until they have a motive for submission; and that is when the child gets fidgety or uneasy, or when the young person, I may say, gets into that state because it is deformed. When vanity, that commanding principle, will induce them to submit to pain and keep themselves quiet, in order that they may be made to look pretty—then is the time." Lectures, vol. 2d, p. 350. Another modern surgeon (Velpéau, *Clinical Surgery*, chap. 39), remarks, "I cannot understand why so many writers have preferred the age of four or five years, alleging that the child being reasonable enough to feel the necessity and foresee the success, will submit to the operation with more courage. Experience must have undeceived them. At that age children have just sense sufficient to feel and remember pain without reason to support it; they therefore endeavor to avoid it as much as possible, and do all they can to frustrate the operation." M. Louis,\* in that admirable collection of original observations in surgery of the last century, the *Memoirs of the Royal Academy of Surgery*, discusses the operation of hare lip with great learning and ability. Having, as he thinks, ameliorated the practice of the operation, by dispensing with the twisted suture, he recommends its performance at an early age. He quotes the opinions of his most eminent cotemporaries as divided concerning the proper age for the operation. Dionis objects to the operation under five or six years, after which age he thinks the patient will be amenable to argument or persuasion, and before this he deems the lip too deficient in firmness and thickness. M. Garengot maintained the same opinions. Le Dran, on the contrary, reprobated these delays, contended that experience disproved the validity of the objections made to the early operations, and stated that he operated with success upon infants at the breast. Among

\* The writings of this illustrious surgeon appear conspicuously among the productions of the French Academicians, and abound in valuable practical discussions. He was "Commissary of Extracts" for the Academy, and his observations were collected from the numerous correspondents of the Academy, arranged with reference to some department of the science committed to him, and added to his own practical observations, the amount of which was not inconsiderable. In this way he constructed his memoir upon hare lip, which was commenced to be published in 1768 and continued to 1774. This production was a standard of reference at the period of its publication, and the doctrines inculcated in regard to the apposition of parts recently divided, formed an epoch in the treatment of incised wounds.

the authors quoted by M. Louis in his second memoir, is M. Busch of Strasbourg, who published, in 1767, a dissertation in which he established the fact of new-born infants being susceptible of having the operation performed with success, and asserted that the sooner it was done after birth the better. He supports his opinion by reference to the structure of the lip, its greater vascularity at the earliest age, the state of torpor of the new-born infant, and especially its not having learned to suck; by its being exempt from the impression made on the external senses, by external objects, which at a later period cause it to laugh and cry, and by its being free from the waywardness, obstinacy and bad education of those of an advanced age. He asserts that the wound made by the operation is not likely to be followed by violent inflammation, convulsions nor death. He contends for the early operation as obviating the disadvantages to the nutrition of the child in consequence of the malformation, which, he asserts, sometimes causes a marasmus, and finally adduces his own successful experience in operating upon children of a few days old. M. Louis, in a supplement to his two memoirs, confirms the principles of M. Busch, and adds, as an additional reason for an early operation, that the fissure in the superior maxillary bone, which often exists, is made to close more readily by an early operation, and gives examples to prove his statement. (*Memoires de l'Academie de Chirurgie*, in 12mo. t. 3, 12, 14, 15.)

In the first volume of the *Transactions of the Medical Society of London*, is contained a paper by the late Dr. Rand, sen. of Boston, recommending the operation immediately at birth, and detailing the particulars of two successful operations, at this age, in his own practice. He thus describes the success of his last case. "The child was put to the breast a few days after (the removal of the pins on the 4th day), sucked as well as any child till she was weaned; and is at this time a fine, healthy, handsome girl, with scarcely a trace of a scar in her lip."

I cannot help concurring with these views, and recommending the operation at the very earliest age, provided the child is in good health and well constituted. Many of the objections made to the operation at this early age are certainly groundless. It is not true that there is not consistency and firmness enough in the lip to bear the pressure of the pins or sutures. And compared with any other period, anterior to teething, I do not believe the danger of convulsions or death is any greater. There is, doubtless, a degree of danger, which must be encountered in all such operations during infancy; but ought this to weigh against the parental distress and anxiety, the risk of defective nutrition, the imperfect ossification of the maxillary bone, and the defective pronunciation, which are the probable or certain consequences of delay?

CASE I. On the 6th of July, 1831, one of my patients was delivered of a healthy female infant, with a simple fissure of the upper lip. On the 7th, I performed the operation in the usual manner, with hare lip pins. On the 10th, the pins and all the dressing were finally removed. The child was put to breast on the eighth day from its birth, and nursed as well as any infant. At the present time the cicatrix is so much effaced, she has scarcely a perceptible deformity in the lip. One great advantage in an early operation in this case was that the knowledge of the

circumstance never got abroad, and the parents were not annoyed by the officious inquiries of their friends and neighbors.

CASE II. Feb. 27, 1836, I performed the operation on a child, born the day previous, who had a fissure extending through the superior maxillary bone and soft palate. The union was completed in three days, and the pins removed. The air admitted through the aperture of the superior maxillary bone prevents the possibility of forming a vacuum in the mouth, and of course the child cannot nurse, but it swallows much better than it could do on the day of its birth, and is a fine thriving child. I consider the operation in this case as of great importance in facilitating the ossific union of the palatine bones.

It often happens that a projecting portion of the superior maxillary bone protrudes at the divided part of the lip, and interferes with the adjustment of the edges of the fissure. In operating upon children of two years old and upward, I have been obliged to remove this part, with the loss of two or three incisor teeth. But in infants previous to the age of teething, I believe this is never necessary. A moderate degree of pressure, while the bones are soft, will repress the growth of the part, and the moderate traction of the united skin will bring the opposing surfaces of bone into contact before the deformity can have become very great. If a healthy child is operated upon the day after it is born, it will probably be entirely recovered at the end of a week, and during the first week of infancy a child is rarely attacked by any of the disorders of infancy. Aphthæ, as far as I have observed, almost never appears within this period; I am quite sure I have never seen it during the first four days of life, when it would be of most injury in the case supposed; for after the sutures are removed, if the union is perfect, even aphthous exudation would not be likely to destroy it; whereas if this disease occurred immediately after the operation, it would imminently hazard its success. The same remark will apply, in a degree, to coryza, and catarrhal affections generally, although these do sometimes occur immediately after birth. If the operation is performed within twenty-four hours after the birth of the child, it is perfectly practicable to keep the mother ignorant of all the circumstances till she can be informed that the steps necessary to remedy the deformity have been completed. Roonhuysen, a Dutch authority quoted by Louis, counsels that infants should be kept awake through the whole twenty-four hours previous to performing the operation, in order that they may fall asleep immediately afterwards. This is manifestly bad advice; as it tends to disorder the general health, and is entirely unnecessary in the first week, as during that period the child almost invariably passes nearly the whole of its time in sleep.

Can it be said that the mode of performing the operation is better settled than the time? M. Louis fairly exposes the mistake made by surgeons before his time, with regard to loss of substance in the lip. He contends, first, that there is no loss of substance; and second, that the retracting powers which separate the parts are not at the margins of the fissure, but at the sides of the cheeks. On these principles he founds his practice, which is, after incising the edges, to bring the parts

together by adhesive plasters and cushions applied to the cheeks, and kept in place by narrow bandages, applied in the form of a roller and secured to the cap. He passed a single suture, with a crooked needle, at the junction of the free edges of the lip, which he tied with a surgeon's knot, i. e. a single knot made by two spiral turns of the thread. He describes all his proceedings with commendable minuteness. M. Louis generally conducted his cases to a successful issue, but they certainly required more minute watching, and were longer under treatment, than if he had depended on sutures. His 13th observation is a very instructive one, and shows clearly the insufficiency of mere pressure to secure the apposition of the incised edges. The case was that of a girl three years old. The parts were approximated by the uniting bandages, and every thing remained well till the morning of the second day. As soon as M. Louis made his appearance before the child, to examine the dressings, the child cried so boisterously that the surgeon was obliged to relinquish his purpose and send some one as a substitute who was less odious to the patient. The parts exhibited a degree of separation. On the fourth day it became necessary to change the bandages. It was now found that the child's crying partially disunited the edges. The bandage controlled this effect. On the sixth day M. Louis got an opportunity to examine the child while asleep, when he found that she kept her tongue thrust beneath the lip, into the fissure, which the mother said was an old habit. As soon as the child awoke and recognized him, she set herself to scream, as M. Louis quaintly expresses it, "*comme une grande personne q'on auroit voulu égorger.*" This antipathy compelled M. Louis to relinquish the case to the nurse, who finished the treatment with much greater success than M. Louis anticipated, with some strips of adhesive plaster. The details of this case perfectly illustrate the difficulties which occur from waiting till the subject is susceptible of terror and anger, and of depending on an insufficient degree of force in counteracting the retracting forces.

It is now pretty generally admitted that the incised edges of a hare lip should be approximated by a suture of some sort, although M. Louis labors strenuously to establish the efficacy of a bandage of his construction. The details of his cases show that depending on this application alone, exposed the patient to great risk, and even M. Louis was prone to adopt the application of one suture at the point of the lip, and in fact rarely dispensed with this precaution. It is obvious that adhesive strips, which act merely superficially, can do but little to counteract the retractive force of the muscles. Some excellent surgeons maintain that the simple interrupted suture is the best for this operation, but the twisted suture has on the whole most advocates. My reasons for preferring it are, that it is effectual in resisting the retraction of a much larger portion of muscular substance than the simple suture, and consequently brings into contact more points of the incised surface. This it does by the pressure of the thread for some distance around the pin, while the simple suture operates on one point only. The twisted suture, likewise, is the only means that can be relied upon to prevent the child from thrusting the tongue between the edges of the division, as once occurred in a

case mentioned by M. Louis. Of the pins proper to use, I prefer straight, silver pins with spear-pointed, steel heads. I have repeatedly tried, at the recommendation of some of my surgical friends, the common sewing needles, annealed in the flame of a candle. But they do not appear to me to enter with as much facility, and I am not sure that the mark which they leave is not quite as conspicuous.

Surgeons are divided in their preference of the scissors or the bistoury. M. Louis denounces, in set terms, the use of scissors. He prefers the bistoury with a bit of card paper placed between the lip and the gums, to cut upon. Enaux of Dijon, quoted by M. Roux, *Medecine Operatoire*, tom. 2, 443, has the following expedient. He fixes the lip to be operated upon, to a piece of cork placed under it, by means of three pins, one at the commissure of the hare lip and one at each of its inferior angles. M. Roux prefers the scissors. Experience abundantly proves that nothing is to be apprehended from the supposed contusion occasioned by the scissors. If they are sufficiently sharp, the contusion is in fact less than when the incision is made by cutting with the knife upon a hard substance beneath. Mr. Benj. Bell tried an experiment upon an adult, of cutting one side of the lip with a knife, and the other with scissors. The patient decided that the scissors gave him the least pain. A point of some difficulty in the use of the scissors is the holding of the edge of the lip on the left side. Those whose thumb and finger nails are not sufficiently projecting for this purpose, will find a great convenience in the use of a forceps with the blades terminating in bent points, and which cause less pain than the passing a curved needle and thread through the angle of the lip, as practised by Dubois and Roux.

In adults the application of bandages and compresses to the cheeks to overcome the retracting force of the muscles, may be employed to advantage. But in infants, the adjustment of bandages and compresses is much more difficult, and greatly contributes to increase that restlessness which is one of the greatest obstacles to successful union. The only additional means which I have of late years made use of, after the insertion of the pins, is a uniting bandage made of four strips of cambric, half an inch wide and three inches long, connected together by threads of an inch and a half long, which decussate in crossing each other. The strips are spread on one side with adhesive plaster. Two of them are applied to the cheeks, and the other two, which antagonize them, are drawn with sufficient force, and laid upon those first applied. This is a valuable auxiliary to the twisted suture. Nothing is gained by allowing the pins to remain too long. After the third day, the ulceration which goes on around them diminishes their effect in keeping up the coaptation of the edges, and renders the mark which they leave on healing disagreeably large. In all ordinary cases, certainly, they ought to be removed when they have remained seventy-two hours. After their removal, the uniting bandage may be applied with great confidence in the security it will afford.

A failure of union after the operation for hare lip is very rare, but it not unfrequently happens that the newly formed union is destroyed by some accident or want of care. M. Le Dran saw a case, successfully united, spoiled by laughing, and M. de la Faye relates the instance of a

double hare lip on which he had operated with every prospect of success. It went on well till the fifth day, the day preceding that on which he intended to remove the pins. The fruits of the operation were lost by the inadvertence of the boy's father, who opened his snuff-box near his son's bed, causing him to sneeze violently fifteen or twenty times. The next day the dressings were found in great disorder. One of the pins was torn out, and the other nearly so. The lower portion of the lip luckily had united; the cure was successfully effected by the interrupted suture and bandages. (*Mem. de l'Acad. de Chirurgie, t. 3.*) Prudence and care on the part of those to whom the child is committed, cannot be too strictly enforced. I once removed the pins from the lip of a child ten months old, on whom I had operated three days before. The union was complete, and I left it with many charges to the mother to watch it closely. In less than two hours after, the child, being left alone, raised itself in the cradle, fell forward, and striking the lip upon the edge of the cradle, burst it open for nearly its whole extent. Some months afterwards, having removed the pins from another case on which I had successfully operated, I enjoined upon the mother the strictest care and watchfulness, and in order to enforce my remarks, related the preceding unfortunate occurrence. I had not reached home before the child, being left alone on the bed, fell off, and striking the lip on the floor, burst apart the adhesion!

A frequent cause of failure is the neglect of dissecting away the connections of the parts to be operated on, to the gums and maxillary bone. Let it be remembered there is no loss of substance in a hare lip, and the separation is caused by the retraction of muscles. To overcome this retraction by the suture is comparatively easy, if the coaptation is not prevented by the adhesion of the soft parts to the bones beneath. This dissection is oftentimes an unpleasant complication of the operation, but I never knew it followed by any disastrous effects.

CASE III. On the 17th of May last, I operated on one side of a double hare lip of an infant three months old. The union was perfect, and the parts quite healed in a week. On the 5th of July I performed the operation on the other side. When I had inserted the pins, I found the strain was greater than I liked, and I tried to obviate it by compresses upon the cheeks and by bandages. The pins were removed, one on the 4th and one on the 5th day, but the result was an entire failure of union. On the 24th of October the operation was repeated. The fault of the preceding operation was remedied by a more free dissection, and when the pins were inserted the edges were brought together without the least straining. I have not seen the child since, but a medical friend, whose patient it was, writes me that the operation was entirely successful, and the child has a very smooth lip. The unsuccessful operation contributed to the final success, as by its means the lip was partially freed from its attachments, and less injury resulted from the subsequent dissection.

M. Roux prefers operating on both sides of a double hare lip at the same time, but I think without good reason. For the first operation, in this case, is as certain to succeed as the union of any incised wound,



since there can be no muscular retraction with a fissure still remaining in the lip. In the second operation the chances of success are of course the same as in single hare lip.

It is still a desideratum to discover some better method of overcoming the retracting force of the muscles, than the twisted suture. Celsus preferred semilunar incisions in the cheeks; but this does not appear to have been, with him, anything more than a mere speculation, and I have never learned that this barbarous expedient was ever put in practice.

*Salem, Nov. 25th, 1836.*

**PATIENTS ADMITTED AT THE EYE AND EAR INFIRMARY FROM  
OCTOBER 30, 1835, TO OCT. 20, 1836,**

[Communicated for the Boston Medical and Surgical Journal.]

Whole number of patients 637

With diseases of the eye 513 } males 263; females 251  
of the ear 124 } males 69; females 54

**Ages of males with**

<i>Diseases of the Eyes.</i>				<i>Diseases of the Ears.</i>			
Under 10 years	-	-	56	Under 10 years	-	-	13
Between 10 and 20 years	-	-	47	Between 10 and 20 years	-	-	18
" 20 30	-	-	82	" 20 30	-	-	13
" 30 40	-	-	43	" 30 40	-	-	9
" 40 50	-	-	16	" 40 50	-	-	6
" 50 60	-	-	11	" 50 60	-	-	2
" 60 70	-	-	6	" 60 70	-	-	6
" 70 80	-	-	1	" 70 80	-	-	2
" 80 90	-	-	1	" 80 90	-	-	0

**Ages of females with**

<i>Diseases of the Eyes.</i>				<i>Diseases of the Ears.</i>			
Under 10 years	-	-	54	Under 10 years	-	-	9
Between 10 and 20 years	-	-	50	Between 10 and 20 years	-	-	13
" 20 30	-	-	64	" 20 30	-	-	13
" 30 40	-	-	37	" 30 40	-	-	4
" 40 50	-	-	27	" 40 50	-	-	7
" 50 60	-	-	10	" 50 60	-	-	4
" 60 70	-	-	6	" 60 70	-	-	3
" 70 80	-	-	3	" 70 80	-	-	1
" 80 90	-	-	0	" 80 90	-	-	0

**Result of the Cases.** Recovered, 479; relieved, 52; result unknown, 41; not treated, 37; under treatment, 28.

**Cases of cataract**

<i>Of one Eye.</i>			<i>Of both Eyes.</i>		
Operated successfully	-	10	Operated successfully	-	4
Not treated	-	6			
Unsuccessful	-	1			



*List of diseases which presented themselves at the Infirmary.*

<i>No. of cases. Of the Eye.</i>		<i>No. of cases. Of the Eye.</i>	
40	Amaurosis	2	Lid, erysipelas of
8	Amblyopic weakness	2	" wound of
17	Cataract of one eye	1	" spasms of
4	Cataract of both eyes	87	Ophthalmia, acute
27	Cornea, opacity of	15	" chronic
3	" pustule of	9	" purulent
18	" ulcer of	4	" of infants
9	" foreign substance in	40	" strumous
7	Corneitis	10	" rheumatic
3	Ectropion	2	Onyx
2	Entropion	2	Ptosis
4	Epiphora	4	Pterygium
2	Ecchymosis	17	Retina, morbid sensibility of
2	Eye ball, rupture of	4	Staphyloma
2	" wound of	2	Strabismus
4	Fistula, lachrymal	37	Sinea Ciliaris
3	Glaucoma	1	Supercilium, wound of
6	Granular lid		
3	Hordeolum	<i>No. of cases. Of the Ear.</i>	
3	Hypopion	18	Concha, obstruction of
4	Iris prolapsus	10	" inflammation of
9	Iritis	1	" abscess of
1	" syphilitic	3	Herpes auris
8	Lachrymal passage, obst. of	44	Otorrhœa
6	" " inflam. of	18	Otitis
2	Lens, dislocation of	19	Nervous deafness
47	Lipitudo	10	Tinnitus aurium
4	Lid, ulcer of	1	Polypus of ear
15	Lid, tumor of		
Whole number of patients from Boston,	- - - - -	- - - - -	431
From other towns,	- - - - -	- - - - -	206
Total	- - - - -	- - - - -	637

7517  
637

8154 Total number.

## HOLMES'S ESSAY—ERROR CORRECTED.

*To the Editor of the Boston Medical and Surgical Journal.*

MY DEAR SIR—Will you permit me to correct a sentence in my dissertation on Direct Exploration, through the medium of your Journal, and thus perhaps save some other person the trouble. The " picturesque description of the symptoms in disease of the valves of the heart "

(p. 255) given in M. Bouillaud's treatise published in 1835, may indeed be found in Dr. Hope's essay on the disease of the valves, in the London Cyclopaedia (1834), as well as in his treatise on diseases of the heart (1832). But it is of a date anterior to these publications, for I have discovered it in Bertin's "*Traité des maladies du cœur et des gros vaisseaux, redigé par J. Bouillaud.*" Paris, 1824. Thus this favorite piece of medical rhetoric appears, after all, to be of French origin, and the remark which was applied to M. Bouillaud belongs more justly to Dr. Hope, who should, I think, have given credit for language so liberally borrowed from another.

Yours truly,

Boston, Dec. 1836.

O. W. HOLMES.

# EFFECTS OF INTESTINAL IRRITATION ON THE SURFACE OF THE BODY.

BY DR. CUNNINGHAM, OF LAKE PORT, IN THE STATE OF ARKANSAS.

IN 1810, I was called to see a young girl aged 16, who had been laboring under ulceration of the lower extremities for the last year, and which had resisted every treatment which had been tried to effect a cure.

I found my patient much reduced in flesh—of a sallow complexion—pulse regular but weak—tongue clean—appetite good—bowels regular, complaining, in fact, of nothing but the state of the lower extremities. These were truly loathsome. On the right limb, from the hip to the ankle, were seventy-five ulcers of various sizes, from a small pea to that of a ten-cent piece. On the left limb were fifty-five ulcers of a similar nature to those on the right. These ulcers discharged white glairy matter, more resembling the white of an egg, moderately cooked, than anything else with which I could compare it. They had made their appearance about a year before the time I was called in, at first as small pimples containing a limpid fluid—the vesicles after a while broke, and were attended with considerable heat and itching; the sores kept slowly increasing in size, and at the time of my visit some of them were at least a quarter of an inch in depth.

Several physicians who had had the patient under treatment attributed the disease to venereal virus, and had salivated her to a great extent. The mother of the girl said that after each salivation the sores became worse.

Suspecting intestinal irritation to be the principal, if not the sole cause of the disease, I inquired if worms had, at any time previous to the ulceration, been discharged; when the mother observed that several feet of a tape worm had been passed, soon after which the eruption made its appearance.

Upon this information I founded my plan of cure. Ten papers were prepared and numbered; number 1 contained one grain of tobacco and half a drachm of anise seed; number 10 contained ten grains of tobacco, with a corresponding increase of the anise seed—so that each paper contained an additional grain of tobacco.

My patient was to eat no supper—boiling water was to be poured on a paper of the medicine at night, and to stand covered over until morning—then to be strained, and the infusion to be taken early every morning, eating nothing for two hours after.

The first four doses excited but little nausea. The eighth produced distressing nausea. After it had subsided, I gave a large dose of castor oil, which brought a tape worm ten yards in length. Within two days after the expulsion of the worm, the ulcers assumed a healing aspect, and in three weeks I had the satisfaction to find all the ulcers healed and my patient restored to the bloom of health.

The only local application to the ulcers was ablution with castile soap, and the use of simple cerate.

The remedy adopted in the above case was rather unusual, but having several times combined tobacco with spigelia for the expulsion of worms from children, without any unpleasant effects, the occasion seemed favorable to try its efficacy in tenia.

From its success in this case, I have used it very frequently since, especially in adults, where the presence of worms oftentimes induces serious disturbances of the system, without being suspected, as will appear from the following case.

Mr. B., aged 30, applied to me in 1816, for relief of a complaint under which he had been laboring for six months—several physicians to whom he had applied, having failed in affording any relief.

He complained of an uneasiness about the umbilicus—it did not amount to pain, nor was it sore on pressure, but the sensation was of a nature to distress him very much. His appetite was greater than natural, and he indulged it; but he was daily wasting away. His food did not strengthen him, and still digestion was fully performed—his bowels were regular, tongue clean, complexion sallow.

On giving my opinion that worms were the cause of his complaint, he eagerly embraced the idea and agreed to submit to my treatment. He was treated precisely as the case above related. After taking the eighth portion, nausea to a distressing degree was excited, and he described his feelings to be “as if a pound of lead had separated from his navel and fell to the bottom of his belly, where it lay as a lump of lead or clay.”

A brisk cathartic was given, and more than one hundred lumbrici were expelled, *all dead*, and the ascarides were, as he said, innumerable.

Health, vigor of body and serenity of mind, were the immediate followers of this verminose treatment.—*Transylvania Med. Jour.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 14, 1836.

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### STATE PRISON HOSPITAL.

HAVING been politely invited by one of the Commissioners of the State Prison, at Charlestown, to visit that institution the other day, we were

much gratified by the opportunity afforded for examining minutely into the condition of its unfortunate inmates. As the Governor and Council made an official inspection, and received the reports of the various officers connected with the government of the prison, the same morning, peculiar facilities offered for ascertaining many interesting facts in relation to the general health of the prisoners, and the effects of the discipline upon their mental and physical powers. Dr. Walker, the physician, presented to his Excellency a simple statement of the amount of business in his department, unaccompanied with theories or fine-spun details, the too common accompaniments of such papers. Its brevity and common sense character enhanced its value, and rendered it worthy of special consideration. Only four deaths have occurred within the last year : these, as nearly as we can recollect, were chronic cases, induced before the patients were received by the warden. He gave it as his professional opinion that the diet and labor prescribed by law, were conducive to the health of the prisoners, and no modification of either was considered necessary. But there was one subject of immense importance which Dr. Walker might, with much propriety, have presented for the consideration of their honors. Others, however, made ample provision for hinting at the thing wanted, and thus anticipated any suggestions from that source. Ask, when within the mural enclosure of the Massachusetts State Prison, to be shown into the hospital ! Verily, it is a castle in the air—an imaginary edifice. To the positive disgrace of the Commonwealth, there is no proper provision of the kind. The Roxbury farmers possess accommodations for the reception of ponies, that might here be imitated to advantage. There must be some immediate legislation upon the long-neglected subject of making provision for sick State convicts. They are human beings, constituted anatomically like other men. However morally corrupt, charity claims for them, when prostrated by disease, all the balm in Gilead. A suitable building should be forthwith erected, to be exclusively set apart for the reception of them, with large airy apartments, and suitable kinds of bedding. A well-stored apothecary room, and all the necessary apparatus for confining fractured limbs, &c., should also belong to the hospital. There is no reason why the whole should not be on a liberal, generous plan, comporting with the dignity, philanthropy, and the resources of the State. Again, instead of paying the contemptible pittance of three hundred dollars a year to the physician who faithfully and regularly makes daily visitations—which is just about the price of a shoe-black's services under the back stairs of a third-rate hotel—let him be paid in proportion to the qualifications he is required to possess in order to be eligible to the office.

Fully believing that some one will feel the promptings of benevolence at the coming session of the General Court, and urge upon the members the importance of making good and substantial provision for a State Prison Hospital, we forbear speaking with that decided tone of complaint and disapprobation, which will mark our future notices of State prison clinicals, should nothing be done to remedy the present defects.

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#### PHLEBOTOMY.

EVERY practitioner has at times felt himself greatly embarrassed in consequence of being totally unable to raise a vein for bleeding, and particularly in young children, the dropsical, and those who are very fat. These,

however, are by no means the only vexatious cases in which phlebotomy cannot be successfully practised. After frights, severe accidents, and the like, under circumstances, at all events, indicating the immediate necessity for bloodletting, the operator finds it extremely difficult even to discover the locality of the vessel. The Dublin Journal says that to produce the desired condition of the vein—that is, to give it the feeling of plumpness and distention, a requisite step for receiving the lancet—a ligature should be placed round both arms at the same time, as though venesection were proposed in both arms at once. After a little time, the veins begin to fill, much beyond their ordinary size. Should a numbness be perceived, the cord on the arm not used, must be relaxed, and the pressure continued by applying the thumb. By alternately tightening and relaxing the bleeding bands, a desirable quantity of blood may most generally be obtained. Simple as all this may appear, it is nevertheless to be hailed as an important discovery, provided it proves in the sequel to be true. Having had no opportunity to make the experiment since reading the original account, it would be highly gratifying to receive the observations of correspondents. In order to disprove or to establish the truth in the premises, there should be a series of experiments.

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*Gold-pointed Lancets.*—A surgeon of the English Naval Service, in announcing a newly devised instrument—a golden-pointed lancet—seems to suppose it is the philosopher's stone, an indispensable thing, by the side of which, the old fashioned steel—even Mr. Rodger's silver steel lancets—are not to be recognized as belonging to a civilized age. His most labored argument to show the importance of using his instrument altogether, is this—"the idea of operating with a gold instrument will be always more agreeable to mother and child," in vaccinating. If any advantages arise from the golden surface, a gold-gilt lancet must be equally valuable—and beside, they may be purchased in any of the cities. The idea that a golden lancet is superior to any other, is perfectly ridiculous.

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*American Journal of Medical Sciences.*—As usual, the thirty-seventh number of this useful quarterly is filled with original papers of a meritorious character. The first article, by Dr. Pennoek, on the *malignant pustule*, accompanied with two beautiful plates illustrative of the subject, will be read with deep interest. *Topography and Medical Sketches of Mobile*, by Dr. Heustis, is an exceedingly praiseworthy production, which should be thoroughly studied by all medical gentlemen intending to establish themselves in that region of country. Mr. Jordan's promptness in forwarding seasonably shows how well he deserves encouragement.

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*Honorary Degrees of Medicine.*—On the 16th of November, the following gentlemen received the honorary degree of M.D. at the Vermont Academy of Medicine. Joseph Braman, Duanesburgh, N. Y. ; Solomon Dean, Cambridge, N. Y. ; William Noble, Hudson, Ohio ; William Perrine, Philadelphia, Pa. ; Mather Williams, Syracuse, N. Y.

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*Medical Miscellany.*—George Austin, a colored man, recently died in great agony, of hydrophobia, at Hartford, Conn.—Mr. Liston, the famous

Edinburgh surgeon, has lately made a new lip for a Scotch boy, by cutting a strip of skin out of the neck—which, when united to the borders of its new locality, was finally separated from its original attachments.—Drs. Thomas Lafon and Seth L. Andrews have sailed from this port, to the Sandwich Islands, in the missionary service.—The prospects of the medical school of Maine, the ensuing lecture term, are flattering. Dr. Cobb, of Cincinnati, will occupy the chair of anatomy—and Dr. Childs, of the Berkshire Institution, is to give the course on the institutes of medicine.—Hosea Winchester was tried in this city, last week, for counterfeiting the medicines called "Thomsonian." The action was brought by Samuel Thomson himself, and the damages laid at \$10,000. A verdict was returned for defendant.—Arrived, from Malaga, Dr. Thomas J. Boyd, fleet surgeon of the Mediterranean squadron.—Dr. Chabert is having great success in curing purulent ophthalmia.—Arrived, from London, Dr. Cabelle, of Virginia.—The smallpox is raging among the Winnebago Indians—carrying off three and four daily, at the last accounts.—Alfred C. Post, M.D., is Professor of Anatomy and Physiology at Amherst College.—The most thoroughly organized school for the manufacture of quacks in the Universe, is located at Columbus, Ohio: text book, Thomson's narrative!—Dr. Church, formerly of Vermont, and subsequently a resident of Boston, has become one of the most distinguished machinists in England.—The Rajah of Lahone, in May last, dismissed his surgeon, Dr. Harland, who refused to relieve his highness of a paralytic affection of the face, unless first paid a lac of rupees.—Fifty medical students have been matriculated, the present term, at Yale College,

**Galvanism.**—M. Magendie has reported to the French Academy of Sciences some successful results arising from the application of galvanism to a young patient, a Polish officer, who for five years has been perfectly deaf, dumb, and deprived of all taste. Several modes of treatment had been adopted at Vienna and Trieste, without success, but M. Magendie, by directing the galvanic current to the nerves affected, has reproduced sensibility in those of hearing and taste, and is now trying to restore the power of speech.

**Berkshire Medical Institution.**—The degree of Doctor of Medicine was conferred upon the following gentlemen, Alumni of the Institution, on Wednesday the 24th. The subjects of their Inaugural Theses are those which stand opposite to their respective names.

John Albright, New York City, *Chilblain*.

James S. Andross, Harwich, Ct., *The solids primarily affected in Disease*.

Jonathan C. Allaben, Middletown, N. Y., *Pathology*.

Wilson S. Allaben, do. *Mental Influences*.

R. McEwen Beebe, Winchester, Ct., *Catharsis*.

Richard B. Briggs, Ogdensburg, N. Y., *Rheumatism*.

Timothy H. Brown, Heath, N. Y., *Peripneumonia*.

Richard G. Buckingham, Troy, N. Y., *Hernia*.

George W. Denison, Leyden, N. Y., *Willow*.

William L. DeBow, New York City, *Tobacco*.

Thomas A. Drown, Oxford, *Croup*.

Albin J. Eaton, Royalston, *Marsh Miasmata*.

Harrison Eaton, Hopkinton, N. H., *Spinal Irritation*.

James Fiske, New Braintree, N. Y., *Hygiene*.

- John P. Fuller, Providence, R. I., *Scarlatina*.  
 Alonzo D. Gordon, Buskirk's Bridge, N. Y., *Hysteria*.  
 Marvin Goddard, Granby, Ct., *Inflammation*.  
 Henry Gray, Jr., Boston, *Epochs of life in relation to Pathology and Therapeutics*.  
 Josiah V. Griggs, Mentz, N. Y., *Effects of Civilization on Disease*.  
 A. R. Hendry, Roxbury, N. Y., *Dysentery*.  
 David Holmes, Ashford, Ct., *Traumatic Tetanus*.  
 S. Jennings, Dalton, *Protochloride of Mercury*.  
 William H. Manton, Providence, R. I., *Hydrocele*.  
 William B. Osburn, Utica, N. Y., *Apoplexy*.  
 Otis Perham, Pittsfield, *Fracture of the Femur within the Capsular Ligament*.  
 Stephen L. Richardson, Royalston, *Asthma*.  
 Chauncey Reed, Jr., Salisbury, Ct., *Hare Lip*.  
 Elbridge Simpson, Livingston, N. Y., *Neuralgia*.  
 Athelstan W. Smith, Granville, N. Y., *Hepatitis*.  
 Horace Smith, Hector, N. Y., *Dyspepsia*.  
 George W. Sanford, Tariffville, Ct., *The Blood*.  
 Sabin Stocking, Marlborough, Ct., *Hydrophobia*.  
 Avery Williams, Greenfield, *Acute Hepatitis*.  
 Lorenzo Warriner, Brookfield, *Diagnosis*.  
 William B. Williams, North Stonington, *Dysmenorrhæa*.  
 Lucius Woodruff, Collinsville, Ct., *Functional Connection and Sympathetic Relation*.  
 Noah Wells, Attica, N. Y., *Scarlatina*.

TO CORRESPONDENTS.—Dr. Choate's valuable paper must necessarily lay over another week, to give place to prior claims.—A report from the Mass. General Hospital, of unusual interest, will occupy a considerable portion of the next Journal. Correspondents must exercise a little patience: we shall give every one an opportunity as fast as our pages will permit.—We would also remind them that their communications, when handed in the latter part of the week, cannot, in ordinary cases, be inserted in the next number; and that all notices and advertisements should be sent in as soon as the Saturday preceding the day they are to be published.

DIED,—At Woodville, Virginia, Dr. George M'Neil, 23 years—suddenly killed by the accidental discharge of a gun in the hands of a friend.—Perished on the wreck of the ship Bristol, Dr. M'Mellen, of Newton Stewart, Ulster Co., Ireland. His body was washed a-shore, and conveyed to New York, where it was interred.—At New York, Joseph Bailey, M.D., formerly Health Officer at the Quarantine Ground, aged 61.—At Windham, Me., accidentally killed by a gun, Dr. Abiel Perry.

Whole number of deaths in Boston for the week ending December 10, 41. Males, 23—females, 18.  
 Consumption, 10—infantile, 4—burn, 1—lung fever, 1—old age, 5—child-bed, 1—wounds, 1—erysipelas, 1—dropsy, 2—decline, 1—bowel complaint, 1—throat distemper, 1—influenza, 1—enteritis, 1—apoplexy, 1—aneurism, 1—dysentery, 1—teething, 1—pleurisy, 1—drowned, 1—accidental, 1—croup, 1.

#### TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.  
 R. W. HOOPER, M.D.  
 JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—1f



## MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary apparatus is supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. The department will receive the constant attention of one of the subscribers, who will always give aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

Boston, October, 1835.

June 15—eoptf

## MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.  
AUGUSTUS A. GOULD, M.D.  
HENRY I. BOWDITCH, M.D.  
HENRY G. WILEY, M.D.

Nov. 30.

## MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On All viery, and the Diseases of Women and Children, and on Chemistry	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	"	DR. WARE.
On the Principles and Practice of Surgery	"	DR. OTIS.
On Anatomy	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

Jan 20—lyep

## MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at BOWDOIN COLLEGE will commence on Monday, the 20th day of February, 1837.

Anatomy and Surgery, by JEDIDIAH CORB, M.D.

Theory and Practice of Physic, by HENRY H. CHILDS, M.D.

Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Oct. 1836.

5t—Nov. 23.

P. CLEVELAND, Secretary.

## TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct 7, 1835.

1f—Oct. 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, J.R. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Order from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.